

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
COMPLIANCE, PRIVACY, AND AUDIT SERVICES BUREAU
INQUIRIES AND REPORTING CONTACT FORM**

Date: _____

Name¹: _____

Contact Information²:

Phone number: _____

E-mail address: _____

Fax number: _____

Supervisor (if LACDMH Employee): _____

A description of the concern being reported or question for which clarification is sought from the Compliance, Privacy, and Audit Services Bureau:

¹ If you are reporting potential fraud, waste, or abuse and wish to remain anonymous, you may do so by omitting your name, contact information, and supervisor's name. Be sure to include in your report when and where the incident occurred, who was involved, and what the specifics of the incident are.

² Specify the contact information you prefer the Compliance, Privacy, and Audit Services Bureau to use when following up with you.